PATENT ARRIVOLUTION FEE OFTERWINATION DEC								- 1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO									10810409				
CLAIMS AS FILED - PART I (Catumn 1) (Cotumn 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			8'					. RATE FEE		7 .	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Sm	Sminus 20=		•		X\$ 9=		ОЯ	X\$18=		
INDEPENDENT CLAIMS			1, "	ninus 3 =	• _			X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=			+290=		
•11	the differenc	e in column 1 is	less than a	ess than zero, enter "0" in column 2				TOTAL	385	OR	TOTAL	·	
g _ /g CLAIMS AS AMENDED - PART II								TOTAL	200	JOA		77444	
Ö	1-18	(Column 1)		(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	. 3/	Minus	- 2	20	۵ /		X\$ 9=		OR	X\$18=		
AME	independent	NTATION OF M	Minus		3			X43•	1/.	OR	X86=		
	PIASI PRESE	ENTATION OF M	OCTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
Ç.o							L	TOTAL		00	TOTAL		
(Column 1) (Column 2) (Column 3)								DOIT. FEE			LOOIT. FEE	·	
AMENDMENT B	05/13/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ist Er Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 6	Minus	- 2	1	= /	Γ	X\$ 9=	. /	OR	X\$18=		
¥ .	Independent	. 1	Minus	***	3	-/.	F	X43= -	1	OR	X86=	•	
1	FIRST PRESE	NTATION OF ME	ILTIPLE DE	PENDENT (	CLAIM		F		<del>  /  </del>	<b></b>			
							L	+145=		OR	+290=		
								TOTAL OUT. FEE	لسكا	OR A	TOTAL DOIT. FEEL		
_	<del> </del>	(Column 1)		(Columi		(Column 3)		•	٠.				
2   2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ir Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	-		•		X\$ 9=		OR	X\$18=		
	independent		Minus	***		2	Ė	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\vdash$			DR -			
• #1	the entry in colum	L	145=		DA	+290=							
	the "Highest Mun the "Highest Mun	nber Previously Pai Noer Previously Pai	d For in This id For in This	S SPACE is to S SPACE is to	ess than ess than	20. enter "20." -	_	TOTAL DIT FEE	<del></del>		DOTT. FEEL		
	re 'Highest Numb	per Previously Paid	For" (Total or	Independent	) is the f	lighest number (	lound	in the app	propriate box	n colur	nn 1.		